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A Critical Analysis on the Concept of *Pratidwanta Cikitsa* at par with PFA

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ABSTRACT

Our society is now continuously afflicted by various traumatic events of both natural as well as manmade in nature. The health care team involved in disaster management focuses both on the physical as well as the psychological aspects of the affected in such situations through physical and psychological first aid. In 2016 with initiatives of World federation for Mental health, the theme of Mental Health day was announced as "Dignity in Mental Health - Psychological and Mental First Aid for all". This approach could be also understood in the light of various contexts in the texts of Ayurvedic literature. The management of *Janapadaudwamsa* (events affecting a community) explained by *Caraka* in *Vimanasthana* of *Caraka Samhita* has principles at par with the PFA approach. A critical analysis of this Ayurvedic concept has been done in this work which reflects it as guidelines on how psychosocial first aid care should be and a practical outline for the attitude of support providing society.

Key words: Psychological First Aid, *Pratidwanta Cikitsa*, *Manoanukoola Cikitsa*.

INTRODUCTION


Mind is the faculty of a person that enables him to be aware of the world and its experiences, to think and to feel or more precisely it is the faculty of consciousness and thought. This is the entity within us which aid us to be in the state of being human with expressed emotions which are complex and ranks the supreme position in the evolutionary line. These emotions were evolved as response to various stimuli from the external environment. But once man started his life among the community, those emotions got

modified from the primitive animus pattern to more refined levels. These emotions if not balanced with the factor of reasoning it can let one pass on to the stage of mental illness. Emotional regulation, i.e. the ability to recognize, express and modulate one's own emotions, is regarded as an important component of mental health.^[1] When the threshold of stressors increases as in traumatic situations, many cannot modulate their emotional balance. The ability of a person to have positive adaptation despite exposure to adverse life experiences is termed as resilience. It is considered to be essential as a component of successful psychosocial adjustment. This capability to balance the odds is solely individualistic and increasing attention is drawn in recent years to the potential role that personality and neurobiology might play in determining resilience.^[2] This individual's resilience level is termed as one's *Satvabala* (mental strength) in Ayurveda and its strength is determined by various factors which influences an individual before and after his birth and during the upbringing termed as *Satvavaiśeṣakara Bhāva*^[3] (factors modulating mental strength). The emotional response of an individual is also regulated by the gravity of

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psychological stressors or traumatic event he goes through. The emotional outburst following a trauma is expected and is natural if it is within the normal limits of grief. Individuals who doesn't develop coping skills to overcome grief response and accept the trauma starts presenting pathological symptoms. Hence a systematized approach to balance the acute changes in one's emotional response was framed by W.H.O as Psychological First Aid (PFA). A basic understanding of PFA is required so as to understand how this concept has been conceived in Ayurvedic texts.

Psychological First Aid (PFA)

Psychological first aid is a humane supportive response to a fellow human being who is suffering and who may need support. It is offered by someone in person's social network and helps one adjust with the psychosocial stressors and traumatic incidences which are increasing in current society. Psychological first aid (PFA) is a term in use since 1940, but it was focused for handling the conditions as 'Post traumatic stress disorder' since then. Psychological debriefing was practiced widely in mental health supportive care than PFA but it required much caution as not to invoke further stress in the trauma affected individuals. This caution fuelled the acceptance of PFA in the society and health care team. In 2016 with initiatives of World federation for mental health the theme of Mental Health day was announced as "Dignity in Mental Health- Psychological & Mental First Aid for all". A working manual has been prepared on this theme and based on it trainings are being conducted across the world.^[4]

Action plan - PFA

The action plan for PFA is formed with steps as Prepare, Look, Listen and Link.

Prepare: Here the people who are to provide support are advised to learn about the crisis situation, who are affected and what are the services required in the condition, available resources and the safety concerns. Good communication skills both verbal and nonverbal are fundamental in psychological first aid. Hence the helpers learn communication skill by role plays, asking about needs and concerns.

Look: In this step practical support is provided by checking for safety, assessing the persons with urgent basic needs, and understanding those who are with serious distress reactions.

Listen: At this phase person who are in need are approached, and their needs and concerns are addressed. Caution is taken not to pressurize people to tell the details of what has happened to them and to let them feel calm.

Link: Here the people's basic needs are addressed and they are helped to access the available services, to adjust with their problem by providing information, and to connect people with their near and dear ones to get appropriate social support.^[5]

The suppressed grief turns out as a seed for mental illness or distress if the emotional out surge still persists in the long course of time. To prevent this progression early intervention through PFA is essential. In Ayurvedic classics this psychological support providing approach is reflected in *Pratidwanta Cikitsa* (Reciprocal emotional substitution therapy).

Concept of *Pratidwanta Cikitsa* - (Reciprocal emotional substitution therapy)

The acute emotional distress is advised to be tackled in two methods:

- **Replacement of similar:** providing the emotions or creating the situations which would supplement the emotions which the person long for.^[6]
- **Substituting the counter emotions:** the mental distress aroused due to unbalanced emotional expressions are to be pacified with feeling which are opposite in nature to them.^[6]

It is based on this principle of *Pratidwanta Cikitsa* that the management of traumatic event has been explained in the context of *Janapadaudwamsa* (an event negatively affecting a large group of people). Along with identification of the causes of epidemics like water, air, soil and season, other catastrophic events like war has been clearly mentioned as events

potent enough to create mass destruction both physical and psychological to the society.^[7]

Psychological First Aid in Ayurvedic view point

A natural calamity leaves behind a lot of psychological stressors after its attack. The sufferers are to be supported to cope up with these stressors. A traumatic event is defined with characteristics as one having capacity to invoke fear, helplessness or horror in response to the threat of injury or death.^[8] Greif response after such an event is natural and due care must be given for the psychological disturbances which last over a month. Hence the conventional treatment involves two measures - interventions for everyone and interventions targeted at individuals who remain symptomatic after a month. The measures include psychological measures and psychiatric medications at pathological conditions.^[9] A longitudinal study by Krzysztof Kaniasty upon a sample of 285 respondents who were survivors of flood in Poland revealed that, post traumatic social support was associated with more favorable interpersonal and community relationships assessed after 20 months. Post disaster social bitterness was associated with interpersonal and community disagreement which subsequently lead to psychological disturbances.^[10] Thus support of the care givers and the attitude of the society towards the affected greatly matters in conditions of trauma.

This idea seems to be well conceived in the *Janapadaudwamsa* management. The treatment has been detailed by including modalities which helps balance the disturbed minds.^[11] Here the importance is given for the aptitude of the person who deals with the situation. It is not sympathy but *Bhootadaya* - empathic feeling, which one should inculcate in the self when approaching a person in distress.^[11] The pursuit of happiness is subjective and depends also on the self esteem of individual. When the self is observed as an active, independent agent the person doesn't appreciate sympathy and supportive measures should be to ensure the individuality. This view of 'non social self' is different from the 'social self' in which one observes well being in relation to

the connections and communications he develop.^[12] Hence support giving should be with caution by understanding the individual self and mental status. Few are help seekers where as few find themselves comfortable in resolving the problem without external aid.

The nature of support to be provided to the affected is being explained in the text as that which is positive in nature and increasing the confidence level of the person.^[11] The management includes adopting measures like:

- **Satya^[11] (Reality)** - This could be understood as providing information about their present status or situation and help them accept the reality. Studies show that developing psychological resources as Internal control, self-esteem, optimism and coping strategies of acceptance, and seeking emotional support on the one hand and social contacts on the other conjointly moderate the negative effect of stress on life satisfaction.^[13]
- **Danam^[11] (donate/help)** - This step could be analyzed as providing the required support by understanding the current plight as in form of monetary aids or as accommodation etc. This helps foster community resilience. Components of community and individual resilience has been identified as : Social networks and support, a positive outlook, learning, early experiences, environment and lifestyle, infrastructure and support services, sense of purpose, diverse and innovative economy, embracing differences, beliefs and leadership.^[14] Providing support and giving support also helps one move out of negative constraints of worthlessness and reduced self esteem which may arise after trauma.
- **Dharma Śāstrānām Samkatha^[11] (Discussions on sciences emphasizing duty)** - This approach could be seen as helping them recall and analyze similar events in their own lives and that of many others and make them more aware on their duties. The influence of early experiences, at both an individual and a community level, along with a

sense of purpose was reported as an important element of resilience.^[14] Modelling such behaviour patterns helps correct one's undesired behaviours developed following trauma like avoiding people interactions.

- **Maharṣēṇām Jitātmānām Dhārmikānām Sātvikānām Sahāsyam^[11] (spending time with noble people)** - This could be considered as a measure of seeking professional help as counseling and emotional support. It is observed that the support provided by family, friends, or networks based upon shared cultural, economic, or recreational interests, was strongly emphasized as a foundation of both community and individual resilience.^[14]

These methods help provide emotional support in a comprehensive way and are nothing but *Manoanukoola Cikitsa^[15]* (treatment methods incorporated by understanding the state of mind) and are helping to pacify the distress aroused. They increase the psychological tolerance by stimulating opposite emotions. Similar principle is applied in the management of diseases like *Jwara* (fever). It is explained that fever aroused out of imbalance of anger is to be subsided by passion and that formed out of passion is to be cured by anger.^[16] This quoted example could be applied in various psychophysical disorders.

CONCLUSION

The management strategies of catastrophic events explained in *Janapadaudwamsa* had given due importance to concepts of psychological first aid. The individual's resilience and coping skills reflects the influence of one's *Satvabala*. Many a time the patients with psychiatric disorder may not have an intellectual insight that they need help and support. Only after understanding the exact psychological response of the person, conciliation (*Sāntwanam*) should be provided. As the incidence of psychiatric trauma is increasing in the society timely assistance through Psychological First Aid will help prevent the progression of a mental distress to psychological disorder. It would also help liaison effectively the

psychiatric patients who approach the non specialty sectors of medicine for medical care.

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